

SC RYAN WHITE PART B CASE MANAGEMENT
Chart Review
2008-2009

CHART #: _____ **STATUS:** _____

Please circle the appropriate letter indicating Y = yes, N = no, or NA = not applicable.

I. INTAKE

Is there documentation of the following:

HIV status (physician's statement, confidential HIV test, etc.)	Y	N	NA
Signed Client Agreement & Consent for CM Services	Y	N	NA
Signed consent(s) to release information	Y	N	NA
Signed Clients' Rights and Responsibility form	Y	N	NA

1) Total # n/a _____ 3) 4 – (total # n/a) = _____ (subtotal)
2) Total # y _____ 4) (Total # y's) / (subtotal) = _____ % (section score)

II. CASE MANAGEMENT INTAKE ASSESSMENT

A. Intake

1. Does the chart include an assessment that was completed within 30 days of intake? **Y N NA**

B. Housing

2. Does the chart contain a description of the client's living arrangement (neighborhood, homeless, group living, etc.)? **Y N NA**

C. Financial

3. Is there documentation including the client's:
Work status **Y N NA**

Income from all sources (wages, Social Security, etc.)	Y	N	NA
Regular Expenses (rent, utilities, medical cares, etc.)	Y	N	NA

D. Medical Information

4. Is there information on the client's primary health care provider?	Y	N	NA
5. Is there documentation of the following:			
Current medical status (VL, CD4, etc.)	Y	N	NA
HIV Knowledge Screening	Y	N	NA
History of hospitalizations	Y	N	NA
List of all current medications	Y	N	NA
Tobacco, alcohol and drug use	Y	N	NA

E. Emotional/Mental

6. Is the client's mental/emotional state described in the assessment?	Y	N	NA
7. Is there documentation regarding a history of domestic violence?	Y	N	NA
8. Does the chart include documentation of the presence or absence of social support?	Y	N	NA

F. Intake Assessment Process

9. Was the case management intake assessment initiated within 5 working days of the initial referral?	Y	N	NA
10. Is the assessment dated and signed by the client and case manager?	Y	N	NA

G. Benefits Assessment Tool

11. Was a Benefits Assessment Tool completed?	Y	N	NA
12. Was there information on SSI/SSD?	Y	N	NA
13. Is there a copy of the client's valid Medicaid card?	Y	N	NA

14. Was Medicaid eligibility assessed?	Y	N	NA
15. Is there a copy of the client's valid Medicare card?	Y	N	NA
16. Was Medicare eligibility assessed?	Y	N	NA
17. Is there documentation of the client's private insurance?	Y	N	NA

1) Total # n/a _____ 3) 23 – (total # n/a) = _____ (subtotal)

2) Total # y _____ 4) (Total # y's) / (subtotal) = _____ % (section score)

III ACTION PLAN

A. Goals

1. Was an action plan developed at intake/assessment?	Y	N	NA
2. Does the action plan include specific goals and objectives that are:			
Descriptive of the services needed	Y	N	NA
Measurable	Y	N	NA
Time specific	Y	N	NA

B. Action Plan Process

3. Is the action plan signed and dated by the client or the client's representative, and the case manager?	Y	N	NA
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C. Problems/Needs

4. Is there a list of problems or needs identified by the client and case manager as reflected on the intake assessment?	Y	N	NA
6. Is there documentation to identify what services are in place or are needed?	Y	N	NA

D. Progress Notes

- | | | | |
|--|----------|----------|-----------|
| 7. Does the file contain progress notes? | Y | N | NA |
| 8. Do the progress notes refer to the goals established in the service plan and indicate progress in meeting those goals? | Y | N | NA |
| 9. Do the progress notes contain documentation of coordination with any other human service providers involved in the client's overall care? | Y | N | NA |
-
- | | | | |
|----------------|-------|---------------------------------|-------------------------|
| 1) Total # n/a | _____ | 3) 10 – (total # n/a) = | _____ (subtotal) |
| 2) Total # y | _____ | 4) (Total # y's) / (subtotal) = | _____ % (section score) |
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IV. MID-YEAR REVIEW

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|---|----------|----------|-----------|
| 1. Was a mid-year review completed 6 months after intake or annual reassessment? | Y | N | NA |
| 2. Was the service plan reviewed? | Y | N | NA |
| 3. Was HIV knowledge (including CD4/VL, transmission risk factors, regular medical care, and client's understanding of HIV information) screened? | Y | N | NA |
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- | | | | |
|----------------|-------|---------------------------------|-------------------------|
| 1) Total # n/a | _____ | 3) 3 – (total # n/a) = | _____ (subtotal) |
| 2) Total # y | _____ | 4) (Total # y's) / (subtotal) = | _____ % (section score) |
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V. REASSESSMENT

- | | | | |
|--|----------|----------|-----------|
| 1. Was there a face-to-face annual reassessment completed to evaluate the client's current case management status and needs? | Y | N | NA |
| 2. Is there documentation of the following: | | | |
| Updated client information (change of address, etc.) | Y | N | NA |
| Updated "Consent" and "Release" forms | Y | N | NA |
| Updated service plan | Y | N | NA |
| New Benefits Assessment Tool Completed | Y | N | NA |
| Reassessment summary/progress log | Y | N | NA |

1) Total # n/a _____ 3) 6 – (total # n/a) = _____ (subtotal)
2) Total # y _____ 4) (Total # y's) / (subtotal) = _____ % (section score)

VI. DISCHARGE

1. Is there a discharge summary? **Y N NA**
2. Is the discharge summary signed by the supervisor? **Y N NA**
3. Is there documentation of the following:
- Reason(s) for discharge (client death, client's request, client no longer appropriate for service, etc.) **Y N NA**
- Written notification to the client **Y N NA**
- Notification to service providers **Y N NA**
- Referrals for client and/or client's family **Y N NA**

1) Total # n/a _____ 3) 6 – (total # n/a) = _____ (subtotal)
2) Total # y _____ 4) (Total # y's) / (subtotal) = _____ % (section score)

Overall Score.

1) Total # n/a _____ 3) 52 – (total # n/a) += _____ (subtotal)
2) Total # y's _____ 4) (total #y's) / (subtotal) _____ (Overall score)